

LAB INFORMATION & LOG for ECS 302

STUDENT NAME: _____

HOME Phone #: () _____ CELL Phone #: () _____

Email: _____

SITE WHERE LAB WORK IS BEING DONE:

Site Name: _____

Address: _____

Site Phone #: _____

Director's or Lead Teacher's Name: _____

Ages of the Children in Your Room: _____

<u>Date</u>	<u>Day</u>	<u>Time In</u>	<u>Initials</u>	<u>Time Out</u>	<u>Initials</u>	<u>Amount of Time</u>	<u>Subtotal</u>	<u>Director's Signature</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Director's Signature: _____

